

Does Step Count Feedback Enhance Nutritional Counseling for Weight Loss?

Page 1

Visit Documentation Form

Site (circle one): Memphis Miami Oklahoma San Diego Topeka Tucson

Dietitian _____ Date _____ Randomization ID _____

Visit Number 2 3 4 5 6

Problems With Visit? No Yes _____

Weight: _____ Shoes Off? Yes No Height _____ BMI _____ Hx of HTN? Yes No

Was this visit audio taped? Yes No History of DM? Yes No If Yes, dispensed "Walking Safely with Diabetes" Yes No

Physical Activity Counseling:

Any new symptoms, chest pain / light-headedness during walking? No Yes _____

If yes, report to site PI, complete today's visit, participant suspended, no walking until medical clearance. Fax AE form to Ann Arbor.

Units (circle one): a) Minutes b) Digiwalker Steps c) Sportbrain Steps

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day of Wk							Yesterday
Date							
Walking							
Problems							

Total For Week _____ Daily Average _____ (if steps: +10% _____ +25% _____)
(if minutes: ☐+5 min ☐+10min)

Set new walking Goals: _____

Planning Ahead for Walking: _____

Comments or Problems: _____

Total time spent counseling about physical activity _____ minutes.

Walk to Wellness Handout used today? Y N

Does Step Count Feedback Enhance Nutritional Counseling for Weight Loss?

Page 2

Visit Documentation Form

Site (circle one): Memphis Miami Oklahoma San Diego Topeka Tucson

Dietitian _____ Date _____ Randomization ID _____

Visit Number 2 3 4 5 6

Nutritional Counseling: DIET GOALS ONLY. Exercise and walking goals should be recorded in previous section.

Dietary Stages of Change Form (circle one) Completed Today Updated Today Not Reviewed Today

Problems With SOCF ? _____

Goal	New?	Goal	Current Stage	Barriers / How and When / Successes
1	Review New		PC C P A M SOCF # _____	
2	Review New		PC C P A M SOCF # _____	
3	Review New		PC C P A M SOCF # _____	
4	Review New		PC C P A M SOCF # _____	
5	Review New		PC C P A M SOCF # _____	

Handouts discussed or given to participant during this visit (check all that were used):

<input type="checkbox"/> Suggested Behavior Changes	<input type="checkbox"/> Digesting the Food Label	<input type="checkbox"/> Restaurant Tips
<input type="checkbox"/> 20 Ways to Think THIN	<input type="checkbox"/> Eating at Home	<input type="checkbox"/> Low Calorie Snacks
<input type="checkbox"/> How Much Should I Eat?	<input type="checkbox"/> The Basics of Weight Loss	<input type="checkbox"/> Food Record
<input type="checkbox"/> How to Avoid Portion Distortion	<input type="checkbox"/> Recipe Modification Tips	
<input type="checkbox"/> Liquid Calories	<input type="checkbox"/> Tips on Reducing Kcals /Eating Out	<input type="checkbox"/> Other _____ (attach copy)

Total time spent counseling about diet and nutrition: _____ Minutes